

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34961

State File No. _____

8923

FILED OCT 23 1951

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4843a Lindenwood				14 STREET ADDRESS (If rural, give location) 4943a Lindenwood				6	
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) M.		c. (Last) Davis		4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Nov. 10, 1867		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Rock Island, Ill.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Andrew Johnston			13b. MOTHER'S MAIDEN NAME Charlotte Pierson		14. NAME OF HUSBAND OR WIFE George				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rebecca Davis, 4943a Lindenwood					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chl Myocarditis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 hrs</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Enlarged Arterio Sclerosis</i>						<i>Year</i>	
		DUE TO (c) <i>Chl Disruptus</i>						<i>Days</i>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>57 ft</i>					
22. I hereby certify that I attended the deceased from <i>Nov 10, 1949</i> , to <i>Oct 7, 1951</i> , that I last saw the deceased alive on <i>Oct 6, 1951</i> , and that death occurred at <i>2:50 a</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>W. H. Buehler M.D.</i>				23b. ADDRESS <i>5203 Chippewa</i>			23c. DATE SIGNED <i>10/8/51</i>		
24a. BURIAL, CREMATION, REMOVAL <i>Removal</i>		24b. DATE <i>10-9-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bismarck</i>		24d. LOCATION (City, town, or county) (State) <i>Bismarck, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>OCT 9 1951</i>		REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student :.....
Student Embalmer

Signed *John S. Bennett*.....

Licensed Embalmer No. *4194*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.